



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333
Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179

Fax: 207-287-6775

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

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15 B Street.				122		
City, zip code			menten in der	Phone		
South Yortland Me	DHY	06	Value	207-831-0829		
PART 1. INCOME	DERIVE	D FROM EMPLOYN	MENT BY ANOT	HER		
List the name and address of each employer from economic activity of each employer.	n whom yo	u received compensat	tion of \$1,000 or i	more. Specify th	ne principal type of	
Name of Employer		Address			pe of Economic of Employer	
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	Selection of the State of the S	IVED FROM SELF- s who are self-emple	karanak Karabakan makabak Kalendaran arabaka Ka			
 A. List the name and address of your business, if associated with a partnership, firm, professional as entity. 	any, and li ssociation,	st the major areas of ϵ or similar business er	economic activity ntity, list the major	from which you or r areas of econo	derived income. If mic activity of that	
Name and Address of Business Entity	eritigat (f. g. martimus a.g. martinus (g. g. g	Major Areas of Eco (self)		A (partnership, as	is of Economic ctivity sociation or similar ass entity)	
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Name:						
Address:	AAAHBAAAAREEAKAGOO					

		OCCUPATION OF THE PROPERTY OF		
PART 2 (continued). INCOME DERIVED FRO (For Legislators who are self-emple)				
B. List each source of income derived from self-employment that represents more	Stronger d.A. Levernor, marrier and comparement by the Straight Wood of MASS (SA) Corporate Attack A to	income or \$1,000, whichever is		
greater, and specify the principal type of economic activity of the entity or person	on from whom you derive	ed such income. If this form of		
disclosure is prohibited by law, rule, or an established code of professional ethics, entity or person from whom the income was derived.	specify only the principal	type of economic activity of the		
	V Stangardi Lamannan, (A. C. Laman), A. C. Laman, Laman (A. L. Laman), Laman (A. L. Laman), Laman (A. L. Laman), Laman (A. Laman), Laman (Principal Type of Economic		
Name and Address of Source	Ac	Activity of Entity or Person Who is the Source of the Income		
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Name:	are expended as a management			
Address:				
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Name:	Wash didayati			
Address:				
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PART 3. MAJOR AREAS OF P (For Legislators who are attorneys-at-				
List your major areas of practice. If associated with a law firm, list the major areas	polyphilipministry introductive control of the cont			
Name and Address of Firm	Major Areas of Practice (self)	Major Areas of Practice (firm)		
		W. S. C.		
Name:				
Address:				
Name:	29-45-65-58-68-69-79-65-65-69-69-69-69-69-69-69-69-69-69-69-69-69-	ermannskrif fordisch die Production (Production (Produ		
Address:				
Address.				
	Dadagan kanggaringan kenggangga	ornomine en e		
PART 4. OTHER SOURCES OF	INCOME			
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this for	rm. Do not include gifts.	If none, check the box.		
None	·	[PS]ch(PSA-Sh)dPd-Makeron consequences are non-restrict as re-		
Name and Address of Source	and purphysically the confidence of the contract of the contra	Kind of Income		
		(investments, leases, etc.)		
Name:	WP			
Address:	e veneza de vene			
Name:				
Address:				
PART 5. REPORTABLE LIAB	ILITIES			
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you				
areas of economic activity of each creditor. Do not list credit card liability or loans t	rom a relauve. II none, u	PECK THE DOX.		
None	nt antantritation to activate above to resistate Anatoma before quiet at the territory of a state of resistant	tandise mininka katila se mendada mekana menantahan kapata mekana katila menanana terbesa keri mendada seri		
Name and Address of Creditor		Principal Type of Economic Activity of Creditor		
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Address:	n) beneficial suppressions			
r wai coo.				
Name:				

PART	6. REPORTABLE GIFTS		
List the specific source of each gift of more than \$300. I none, check the box.	nclude gifts with an aggregate	value of more than \$300 from a single source. If	
☐ None	MMMAN A CHANGE AND CONTRACTOR AND		
Name of Source of Gift 1.	Street feet to the feet to the contract of the	Name of Source of Gift	
2.			
2.	4.	With the second	
	REPORTABLE HONORAR		
List the source of any honoraria accepted for appearances	s or speeches related to your leg	jislative responsibilities. If none, check the box.	
│		Name of Source of Honoraria	
1.	The state of the s		
2.	with a taken will passed open any consequence of the passed of the pass	NO ARTHUR MENTAL DE LES COMPOSES DE LA COMPOSE DE LA COMPO	
PART 8. REPRESE List each executive branch agency before which you repr	NTATION BEFORE STATE		
	The state of the s	compensation of any amount. If none, creek the	
☐ None Name of Agency		Name of Agency	
	en ter mirrar et vor ett som ett en telle på et et en til en telle på et en til en telle på et en til en til e 3.	eta errotusta arasta errotus industria errotus (esperio desperio esperio desperio esperio de principa de la constante de la co	
	4	\$	
C.	4.		
PART 9. BUS	SINESS WITH STATE AGEN	ICIES	
List each executive branch agency to which you or a med \$1,000 during the reporting period. If none, check the box.	mber of your immediate family	sold goods or services with a value in excess of	
☐ None	ikhiridharunih rumase, milaiharun milaim metamasa, masa nestangsa, pengangsa, pengangsa salah salah salah mengan salah s		
Name of Agency	en de de la companya de la companya Companya de la companya de la compa	Name of Agency	
3.			
2.	4.	William of the field and the first and the f	
	IVED BY MEMBERS OF IMI		
List the type of economic activity representing each source dependent child(ren) during the reporting period and the key or more of income, their name and job title are listed. Do n	aind of income represented. If y	your spouse or domestic partner received \$1,000	
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship Kind of Income	
Name:	· 1 .	Spouse or 1.	
Job Title:	2. 3.	Domestic 2. Partner 3.	
		Dependent	
If dependent child(ren) receive more than \$1,000 of incom		Child	
for the reporting period, list only the type of economic activity and the kind of income.		Dependent Child	
		Dependent Child	

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any office, truste	or nonprofit corporation, firm, a eship, directorship, or position o d. If a family member listed, in	of any nature. Indic	ate whether you	or a family held the	position and whethe	diate family held r the position
☐ None		,,,,,		erekakilik da da da lain kanka maki kake da sendi muhakika salara se da masa masa masa masa masa masa masa m	DECEMBER OF THE PROPERTY OF TH	
TOPMAN PROJECT (CALL STANDARD STANDARD AND AND AND AND AND AND AND AND AND AN	Organization/Business and Address		Title	Position Held By:	Family Member's Name	Compen- sated?
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Legislator who	o willfully fails to file a require	ed statement is su	bject to a fine o	of up to \$100. (1 i	VI.R.S.A. § 1017-A	()
and the second				1/14/	10	
	Signature			C	ate	
		ADDITIONAL	INFORMATIO	N		
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Part/Section	you are providing.					
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